

CLAIMS ONLY							Application Number <i>10/698233</i>	Filing Date
Applicant(s)								
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
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31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39	1						89	
40		1					90	
41			1				91	
42				1			92	
43					1		93	
44						1	94	
45							95	
46							96	
47							97	
48							98	
49							99	
50	1						100	
Total Indep							Total Indep	<i>2</i>
Total Depend							Total Depend	<i>20</i>
Total Claims							Total Claims	<i>22</i>